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The Ethics Dispatch

“The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity.”

- Ludwig Wittgenstein

Hot Topic

Moral Culpability for Respecting Patients’ Autonomy

Respect for patients’ autonomy is a fundamental component of modern medical ethics, especially in the United States with our individualistic values. It is believed that patients are persons, autonomous beings, who should be enabled and respected to make their own medical decisions. Persons have goals, preferences, and experiences that shape how they individually view the world.

When thinking about extraordinary or extreme medical interventions, such as continual mechanical ventilation, one patient might experience such intervention as an unacceptable quality of life, while another patient considers it acceptable and necessary. Every person has unique goals, which are reflected in their medical decisions, and for which healthcare providers ought to exhibit respect. That is how the principle of “respect for autonomy” is taught and mostly practiced.

Of course, the ability of a patient to make decisions, their capacity to do so, needs to be considered in regard to any particular decision and at the point in time when it needs to be made. Given sufficient decisional capacity or the availability of advance directives with sufficient specificity to the decision in question, most of us agree that our patients’ wishes should be respected and followed.

Conflicting Principles

But the principle of respect for autonomy is only one of the four principles for biomedical ethics that are taught to healthcare providers for on-the-job moral guidance. How ought we respond when a patient’s autonomous decision conflicts with one or more of those other guiding principles such as beneficence, do what benefits your patient, and nonmaleficence, “first, do no harm”? Is it ever ethically appropriate for a provider to restrict a patient’s right to autonomy? And is there any moral culpability for not having done so when a patient chooses unwisely a healthcare option that results in harms to their health?

It is generally accepted that patients have the right to refuse medical interventions that they believe are excessively burdensome. Justification for this perspective comes with the understanding that healthcare can be challenging, and a patient’s goals are not only medical in nature. Davies (2019)

states, “Clearly, patients can refuse treatment that is medically optimal for good reasons. Health is not the only thing of value, and reasonable people can disagree about whether a particular trade-off between goods is worthwhile. Moreover, people can reasonably prefer a worse life in order to improve the lives of others.”

It often can be difficult for healthcare providers to prioritize a patient’s right to choose or refuse care over their own beneficent obligation to do their patients some medical good. For example, a patient who needs a gangrenous limb amputated might respond, “Don’t cut off my foot, Doc! Please, not my foot!” Or a uremic patient with chronic kidney failure might vociferously decline hemodialysis despite their need for it and also claiming a desire to live. Which, if any, of the ethics principles provides guidance in these challenging situations of care?

Against Medical Advice

It is challenging to not intervene when a provider knows a person’s decision could negatively impact the patient’s health, but it is important to understand that many factors go into a patient’s decision besides the risks and benefits of the clinical dimensions. There is an even more challenging question: If a patient makes a decision that is strongly against medical advice (AMA) and a healthcare provider does *not* intervene, does that make the provider morally culpable in the patient’s health harming decision?

One definition of moral culpability is: “blame that is given to a person who understood that their actions and the consequences of those actions were evil at the time that the acts were committed. To be morally culpable, a person also has to have had control over the situation in which the act was committed.” (McCartney, S., & Parent, R. [2015]. *Ethics in law enforcement*. BC Campus)

If a healthcare provider knows a patient’s decision will result in harms to their health and has sufficient medical paternalistic power to thwart that decision, but chooses not to do so—on grounds of respecting their autonomy—is the provider morally culpable along with the patient when harms occur? Or does the principle of respect for patient autonomy negate any moral culpability on the part of the provider in a situation of this sort? These questions are related to concepts of free choice, autonomy, and situations in which respect for a patient’s autonomy perhaps should be limited.

When Ought Implies Can

There is an idea found within the larger scheme of moral philosophy, attributed to Immanuel Kant, that claims “ought implies can.” “Ought implies can, in ethics, the principle according to which an agent has a moral obligation to perform a certain action only if it is possible for him or her to perform it. In other words, if a certain action is impossible for an agent to perform, the agent cannot, according to the principle, have a moral obligation to do so” (*Encyclopedia Britannica*). By this measure, a healthcare provider has an obligation to do something only if they truly are able to do so.

In regard to moral culpability for harms to a patient whose autonomy is respected to make bad healthcare decisions, one’s duty to adhere to the autonomy principle likely negates such culpability in most cases. It eliminates the *can*, and therefore also the *ought*. The only way a provider *can* prevent a patient’s potentially harmful action is by interfering with the patient’s autonomous decision, which may be deemed unethical and possibly even illegal. One who argues otherwise creates a circular logic whereby the only way to prevent something potentially unethical is by first doing something potentially unethical. By truly valuing a patient’s right to self-determination and adhering to the principle of respect for patients’ autonomy, we eliminate moral culpability for the patient’s autonomous actions that result in harms.

But this likely only holds true for passive decisions, meaning decisions to not

interfere with a patient's autonomous decision. It is likely not as sound for active decisions. For example, if a man is going to rob a bank and you do not actively stop him, you are not morally responsible because the man acted on his own free will. But if you were to assist the man by driving him to the bank, then you are morally culpable even though you personally did not rob the bank.

Ethically Permissible No

This stands true for medical decisions. Respect for autonomy permits patients to make their own decisions, but that does not require healthcare providers to assist in that decision if it is against medical advice. An example would be declining to prescribe an antibiotic for a viral infection even though the patient requests it. Patients have rights to choose or refuse treatments offered, but they do not have the right to demand a treatment that is not indicated for their condition. If a provider gives in to a medically unreasonable demand on grounds of respect for the patient's autonomy, that creates moral culpability for the predictably bad outcome. The takeaway here is that it is ethically permissible and oftentimes obligatory to say no to patients whose unwise healthcare choices would implicate the provider as an active agent in predictable harms.

This might also be true if giving in to a patient's demand for an excessive utilization of resources, although that judgement is dependent on context. Avoiding culpability as a provider of limited healthcare resources might require additional conversation and explanation with the patient or family; but saying no to wasteful demands is in keeping the principle of justice and stewardship of resources. This is the goal of the Choosing Wisely initiative. (<https://www.choosingwisely.org/>)

Respect for patients' autonomy is a fundamental principle for medical practice. However, it is not the only one to which healthcare providers must adhere so as to be good and to avoid moral culpability for harms patients sometimes might autonomously choose for themselves.

Sources:

McCartney, S., & Parent, R. (2015). *Ethics in law enforcement*. BCcampus.

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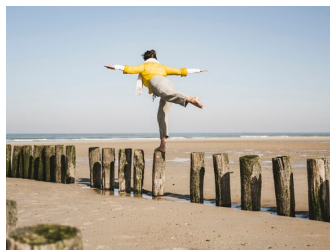
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<https://www.choosingwisely.org/>

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Case Study

"I really want to go home." Moral Culpability for Respecting Patients' Autonomy

A 55-year-old patient, Steve, who identifies as male is suffering from respiratory distress and end stage renal disease. Steve was admitted to the hospital a few days ago and has seen considerable improvement with treatment. He is now ready for discharge. The patient is vociferously requesting to be discharged back to home, but the primary attending believes Steve would benefit by going to a skilled nursing facility for a short period. Disposition to SNF is probably not absolutely essential, just strongly recommended. If Steve were to go home instead, it would be against medical advice (AMA), but would not constitute an unsafe discharge.

This patient has a long history of IV drug abuse but communicates to the health team that his recent hospitalization has brought some clarity in that regard, and he vows to "give up doing drugs." He says the desire to go back home is because that's where he feels most comfortable. Steve's physician believes that discharging back to home this soon will risk substance use recidivism. During an ethics consultation, the physician states that she does not want to be morally responsible for her patient when he goes home, goes back to street drugs, overdoses and dies. What then should be done?

Ethical Musings

Freedom: A Precondition of Moral Responsibility

Moral culpability pertains to the extent a person is blameworthy for any particular action. It is a seemingly simple concept but can be quite complex, carrying profound implications and complications. Take for example a person who drives aggressively and hits a pedestrian crossing the street due to excessive speed that makes it impossible to stop in time to avoid the pedestrian. The driver is morally responsible for the harm he caused.

But the situation can be made more complicated. Say the driver's father also drives in an aggressive way and taught his son to drive. That is how the driver

learned the “right” way to drive. Does that negate the responsibility and shift the blame to the father? What if the person crossing the street did not look both ways? Is she now morally responsible for getting hit and hurt due to not taking proper safety precautions? Or what if the driver always drives aggressively and never had an issue with that until now. Is he just unlucky today rather than morally culpable for harms done to a pedestrian? Does moral luck come into play?

A fundamental aspect of moral responsibility is freedom. It is often held that for someone to be morally responsible, that person must have the freedom to act otherwise. But how do you define freedom in these circumstances. One argument is from Irish philosopher Philip Pettit, who outlines three key components to freedom:

1. the freedom of an action performed by an agent on this or that occasion;
2. the freedom of the self-implicit in the agent’s ability to identify with the things thereby done, rather than having to look on them as a bystander;
3. the freedom of the person involved in enjoying a social status that makes the action truly theirs, not an action produced under pressure from others.

If these aspects of freedom are not met, then the person will not be fully free and therefore cannot be held fully morally responsible. Pettit’s third stipulation, for example, accounts for scenarios such as being forced by lethal threat to do something criminal, or badly misbehaving while under the influence of a prescribed medication. Moral culpability is diminished thereby.

This concept of necessary components to hold someone morally culpable can be applied to patients as well as their providers. Patients who develop conditions correlated to substance use disorder, socio-economic status, family medical history, suboptimal education, or other social determinants of health ought not to be judged harshly or held fully responsible for compromised health status. This is not to say that people should never be held responsible for their health, just that individual situations are oftentimes morally complex. Empathy may be warranted more so than moral judgment.

Sources:

Pettit P. A theory of freedom: from the psychology to the politics of agency. Oxford: Oxford University Press, 2001.

Brown, R. C. (2013). Moral responsibility for (un) healthy behaviour. *Journal of Medical Ethics*, 39(11), 695-698.

Ethics Committee Consortium Resources

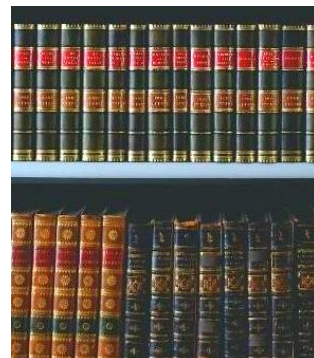
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